

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26981

1. PLACE OF DEATH

County Macon
Township Liberty
City Beverly (No.)

Registration District No. 533
Primary Registration District No. 5715

File No.
Registered No. 72
St. Ward

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Emma Baker (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 6, 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Seventy-nine Three Twenty

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Callaway, Macon Co., Mo.

10. NAME OF FATHER

Perry Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky, Wayne Co.

12. MAIDEN NAME OF MOTHER

Nancy Ramsey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

14.

INFORMANT Maude Roberts

(Address) Callaway, Missouri

15.

FILED Aug. 17, 1933

Aug. 17, 1933

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 16 1933

17. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1933, to Aug 16, 1933 that I last saw him alive on Aug 15, 1933 and that death occurred, on the date stated above, at 6:20 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy Cerebral

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRAICTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Phys. Exam

(Signed) M. A. Roberts M. D.

Aug 16, 1933 (Address) Callaway Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt. Zion

DATE OF BURIAL

8-17-33

20. UNDERTAKER

G. A. Perry & Son Callaway Mo

